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T. MATTHEWS JAN 28 2022

COVER LETTER

TO:	Registration Se Division of Cor		· .	•	
CI (B IL	ECT:	SONIA CLEA	NING ELC		
SOBJE		Name of Lin	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			SONIA EVORA		
			Name of Person		
		:	SONIA CLEANING LLC		
			Firm Company		
		1206 NE 4TH TERRACE			
			Address		
		CAPE CORAL,FL-33909			
		City/State and Zip Code			
		SONIAEVORA864@GMAIL.COM E-mail address: (to be used for future annual report notification)			
For fur	ther information c	E-mail address: (oncerning this matter, please c	•	lication)	
SONIA	A EVORA		239 350-8452 at ()		
	Name o	f Person	Arua Code Daytimo	2 Telephone Number	
Enclose	ed is a check for th	ne following amount:			
≡ \$2:	5,00 Filing Fee	El \$30.00 Filing Fee & Certificate of Status	(2) \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Li \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassec, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 Jun 24 PH 3: 12

SONIA CLEANING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

npany were filed on 08/04/2020	and assigned
d liability company here:	
d Liability Company," the designation "Ll.	C" or the abbreviation "L.L.C."
ffice address on our records, <u>ente</u>	r the name of the new registered
Enter Florida street addr	202
	loridaZip Code
•	f Liability Company." the designation "Ll.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SONIA EVORA	1206 NE 4TH TERRACE	[]Add
		CAPE CORALIFL-33909	
			€Change
			🖸 Add
			🗀 Remove
			☐Change
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Signature of a member or authorized representative of a member		
)ated	
SONIA EVORA		Signature of a member or authorized representative of a member

Filing Fee: \$25.00